



## PROXY FORM ANNUAL GENERAL MEETING 14 JUNE 2019

I (Name in block letters) .....

Medical Scheme Number .....

Address.....

Being a Member of Medimed Medical Scheme, hereby appoint:

1. ....

of .....or failing him/her

2. ....

of .....or failing him/her

3. the Principal Officer of the Scheme, or failing him/her, the Chairperson of the Annual General Meeting, as my proxy to vote in my stead, at the Annual General Meeting of the Scheme to be held at 11h00 on Friday, 14 June 2019.

Signed at .....on this the ..... day of .....2019.

Signature .....

Assisted by me (where applicable): .....

### NOTES

- ❖ The person who has been nominated first on the proxy form and who is present at the Annual General Meeting will be entitled to act as proxy to the exclusion of those whose names follow.
- ❖ The completion and lodging of this form of proxy will not preclude the relevant member from attending the Annual General Meeting and speaking and voting in person, to the exclusion of any proxy appointed in terms hereof, should such member wish to do so.
- ❖ Forms of Proxy must be lodged at or posted to the Principal Officer, Medimed Medical Scheme, AGM Motions, P.O. Box 1672, Port Elizabeth, 6000, or emailed to [info@medimed.co.za](mailto:info@medimed.co.za), to be received no later than 16h30 on 23 May 2019.